

Rehabilitation Literature

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Current Publications of Interest
to Workers with the Handicapped

NATIONAL SOCIETY
FOR CRIPPLED CHILDREN
AND ADULTS



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for



CRIPPLED CHILDREN *and* ADULTS

Founded in 1921, the National Society for Crippled Children and Adults, the Easter Seal Society, is a nationwide federation of fifty-two state and territorial societies dedicated to the purpose of helping crippled children and adults. This objective is implemented through a three-fold program:

Education of the public as a whole, of professional persons concerned with the care and treatment of the crippled, of the families of the crippled, particularly parents, and of volunteers and employers.

Research to provide increased knowledge of the causes and prevention of crippling, and of improved methods of care, education and treatment of crippled children and adults.

Direct services to improve the health, welfare, education, recreation and employment opportunities for the crippled, toward the goal of rehabilitation.

IMMEDIATE PROGRAM AND SERVICES

Services are determined by unmet needs, existing facilities, resources of the Society

and availability of trained personnel and include case finding, diagnostic clinics, medical care, physical, occupational, and speech therapy, treatment centers, rehabilitation centers and curative workshops, mobile clinics, special education, social service, psychological services, sheltered workshops and homebound employment, promotion of employment opportunities for the crippled, recreation, and provision of equipment and prosthetic devices.

The National headquarters provides professional consultation in program planning and community organization to state and local member societies. It maintains liaison with medical specialty groups, offers legislative guidance, a nationwide lending library devoted to literature on handicapping conditions, and a free national personnel registry and employment service which recruits and refers professional workers. It also has an active program of professional education, including scholarships and fellowships, summer workshops for training of professional personnel, exhibits at professional meetings and the publication and distribution of printed materials.

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REHABILITATION LITERATURE indexes and abstracts books, pamphlets, and periodical articles on all phases of rehabilitation as relating to the care, welfare, education, and employment of handicapped children and adults.

REHABILITATION LITERATURE serves as a monthly supplement to the reference book *Rehabilitation Literature 1950-1955*, compiled by Graham and Mullen, published in 1956 by the Blakiston Division of McGraw-Hill, New York.

REHABILITATION LITERATURE is compiled for use primarily by physicians, occupational, physical and speech and hearing therapists, nurses, welfare workers and administrators, school administrators and teachers of exceptional children, psychologists, vocational counselors and employment personnel, and for students entering these professions.

The National Library on Rehabilitation

As a specialized library, the Library of the Easter Seal Society is the most complete in the world. The Library currently receives over 600 periodicals and contains approximately 2000 books and 35,000 reprints and pamphlets. Earl C. Graham is Chief Librarian and Marjorie M. Mullen is Assistant Librarian.

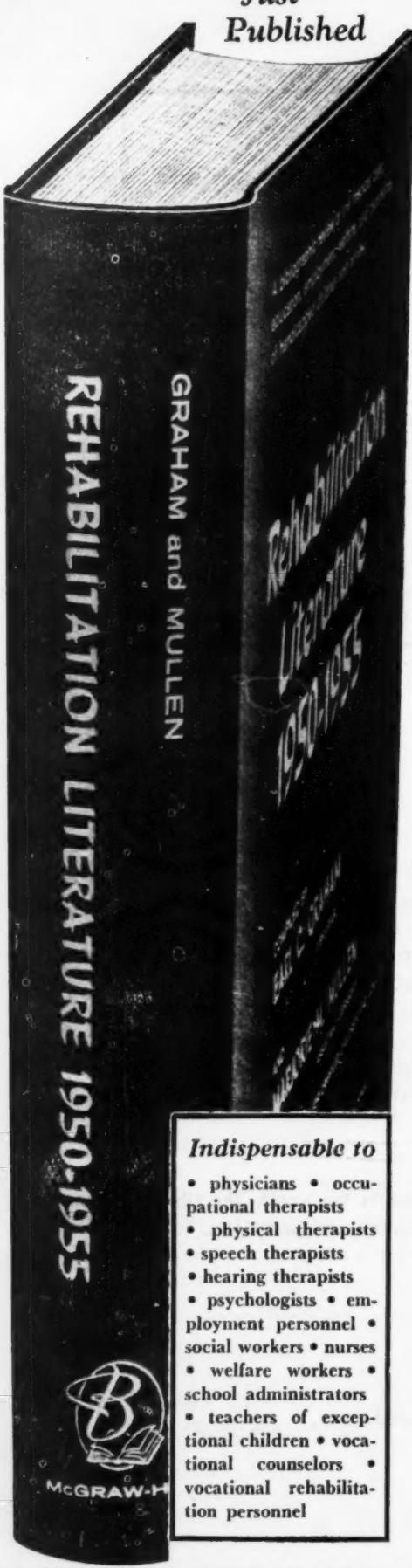
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2. The handicapped, their families and friends.
3. Educational institutions and libraries.
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Just
Published



Presenting in one alphabetical listing by subject, the references published from January 1950 through December 1955—

Rehabilitation Literature 1950-1955

by EARL C. GRAHAM, Librarian

and MARJORIE M. MULLEN, Assistant Librarian
National Society for Crippled Children and Adults

HERE, in one all-inclusive, new rehabilitation bibliography, two skilled librarians index and annotate 5,214 periodical articles, pamphlets, and books relating to the medical care, education, employment, welfare, and psychology of handicapped children and adults. Included in one alphabetical listing by subject, are the references published in the six-year period from January, 1950, through December, 1955.

Brought together in this one volume are references both to different professional specialty areas and to rehabilitation in various disability areas. Thus, the book has entries under such diverse subjects as audiometric tests, cerebral palsy, nursery schools, brain injuries, psychotherapy, paraplegia, religion. All types of disabilities are covered in this volume including disorders of sight and hearing and orthopedic handicaps.

→ COMMENTS on Rehabilitation Literature 1950-1955 from recognized authorities in various fields of rehabilitation.

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REHABILITATION LITERATURE 1950-1955, 621 pages, 7 x 10, author and subject index, \$13.00

THE BLAKISTON DIVISION, McGRAW-HILL BOOK COMPANY, Inc., 330 W. 42 St., N.Y. 36, N.Y.

The monthly issues of this abstracting bulletin serve as a supplement to the reference book Rehabilitation Literature 1950-1955, compiled by Graham and Mullen and published in 1956 by McGraw-Hill Book Company, New York.

New Addition to the Library's Periodical Collection

Exerpta Medica, Sect. XIX: Rehabilitation. Exerpta Medica, 111, Kalverstraat, Amsterdam C, The Netherlands. Vol. 1, no. 1, July 1958.

Aided by a grant from the U.S. Office of Vocational Rehabilitation, Washington 25, D.C.

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ACCIDENTS

See 1111; 1119.

AMPUTATION

1071. Erlacher, Philipp J. (Orthopedic Hospital and School for Cripples, Vienna, Austria)

The fate of the double-leg-amputee. Prostheses, Braces, and Technical Aids, Internat'l. Soc. for the Welfare of Cripples. July, 1958. 2:3-6.

Problems associated with the medical care of the double-leg amputee, especially, the psychological and social problems he presents and the technical problems associated with the provision of prostheses, are discussed. Working ability following amputation depends upon walking ability, which, in turn, depends upon the patient's age, the cause of amputation, and at least one knee joint saved. The author recommends special facilities such as sheltered homes, schools, and workshops for total rehabilitation.

AMPUTATION--EQUIPMENT

1072. Blashy, Manfred R.M. (V.A. Hosp., 3495 Bailey Ave., Buffalo 15, N.Y.)

Lower extremity prostheses for patients past fifty, by Manfred R.M. Blashy and Henry V. Morelewicz. Arch. Phys. Med. and Rehab. Aug., 1958. 39:8:497-502.

Criteria essential for patients past 50 years of age who can undergo elective amputation surgery are listed and the postoperative and rehabilitation program is then discussed in detail. Careful study of the patient during initial training periods with pylons will help to bring to light special problems that may determine the specific prosthesis that an individual patient needs.

1073. Hepp, O.

Shape and function in construction of artificial arms. Prostheses, Braces, and Technical Aids, Internat'l. Soc. for the Welfare of Cripples. July, 1958. 2:7-12.

AMPUTATION--EQUIPMENT (continued)

The most cosmetically perfect artificial arm is of little value unless it also combines functional mobility with shape. The author suggests ways in which construction and fitting of prostheses could be improved to provide more functionally useful artificial arms. Article is illustrated.

1074. Simon, David J. (1225 N. Mission Rd., Los Angeles, Calif.)

Some clinical problems in above-the-knee prosthetics. J. Am. Osteopathic Assn. Aug., 1958. 57:12:760-763.

A review of some of the problems and responsibilities of the physician dealing with the above-knee amputee in the rehabilitation process, which begins preoperatively and continues until the patient has attained maximum functional use of the prosthesis. Proper postoperative care, management of phantom pain and stump pain, and the physician's role in the prescription of the prosthesis are discussed.

1075. U.S. Naval Hospital. Navy Prosthetic Research Laboratory, Oakland (Calif.)

A functional ankle (cable) joint for artificial legs; final technical report, Research Project NM 740170.27... Oakland, The Laboratory (1958). 117 p. illus., figs. (December 9, 1957)

Described as a "report of completed investigations with respect to the design, testing, manufacture, use and evaluation of a functional ankle unit for artificial legs," this latest publication of the Navy Prosthetic Research Laboratory is the result of a broad program which has included studies on orthopedic surgery, development and testing of new materials, the application of various mechanical principles, and functional studies, especially on user acceptability. The Navy ankle-foot unit is described as closely approaching the functional characteristics of the human foot and features an adjustable flexible steel cable requiring no lubrication, a two-durometer rubber bumper, and a sponge rubber toe section. Research and developmental data on basic anatomy and bio-mechanics of the human leg, the artificial ankle in amputee locomotion, in fitting and alignment of prostheses, gait studies, and construction of the ankle-foot unit are covered. Data from a survey of 100 amputees fitted with the unit reveal patient acceptability or rejection of the prosthesis.

Report issued by Capt. Thomas J. Carty, MC, USN, Chief of the Amputee Service, U.S. Naval Hospital, Oakland 14, Calif.

APHASIA

1076. Wepman, Joseph M. (950 E. 59th St., Chicago, Ill.)

The relationship between self-correction and recovery from aphasia. J. Speech and Hear. Disorders. Aug., 1958. 23:3:302-305.

Ability to recognize and correct errors in language production is defective to some degree in almost all aphasic adult patients. When the degree of loss in the capacity to self-correct is severe at the time of the original evaluation of the patient, it indicates only the ground which must be covered before the patient can be considered recovered. The speed with which the patient passes through various stages of self-correction is a more accurate indication of the prognosis. Dr. Wepman offers an 8-point scale to aid the aphasia therapist in diagnosis, therapy, or research. Its use will enable the therapist to estimate degree and rapidity of improvement or regression in patients.

APHASIA (continued)

See also 1081.

ARTHRITIS

1077. Lowman, Edward W. (Institute of Physical Medicine and Rehabilitation, 400 E. 34th St., New York 16, N.Y.)

Rehabilitation of the rheumatoid cripple; a five year study. Arthritis and Rheumatism. Feb., 1958. 1:1:38-43. Reprint.

A follow-up report of results obtained in a dynamic program of medical therapy combined with intensive rehabilitation procedures. Thirty-eight patients were included initially in the 5-year study. Their progress was tabulated on the ADL (Activities of Daily Living) sheet by which they were tested before and after a medication program at the beginning of the rehabilitation program, during the course of the program, and in the follow-up period. Among 17 severely disabled patients, the initial deficiency in ADL averaged 61%, improved to 56% under medication, and to 29% after physical rehabilitation. The ADL ratings of another group of less severely disabled patients are also reported. Of the many complex factors that influence success of a complete rehabilitation program for arthritis, the most important is motivation or desire and willingness of the patient to participate in an active program of restoration.

AUDIOMETRIC TESTS

1078 McKenzie, J. (Dept of Anatomy, Univ. of Aberdeen, Scotland)

Aetiology and treatment of congenital deaf-mutism. Brit. Med. J.

July 26, 1958. 5090:201-203.

Audiometric examination of 5 deaf-mute children revealed that the degree of hearing by bone conduction was much greater than by air conduction, indicating that the congenital defect was of the middle ear rather than of the inner ear as generally supposed. The use of the bone-conducting hearing aid should begin at the earliest possible age.

AUDIO-VISUAL AIDS--DIRECTORIES

1079. National Association for Retarded Children

Audio-visual material on mental retardation; (2d ed.). New York, The Assn., 1958. 42 p. Mimeo. Looseleaf.

A revised edition of a booklet first published in 1956, it includes past reviews of films still available, as well as films issued since 1956. Listed are films, film strips, records and tape recordings; full bibliographic information includes whether use is restricted, rental cost or purchase price, source for obtaining, description of contents with critical comment, and recommendations for type of audience. Advice on booking films is offered in most instances. Films illustrate psychological aspects, special education techniques, parent and community organization, recreational programs, programs for severely retarded children in various types of facilities, training of special education teachers, research, and general problems of mental retardation.

Available from Natl. Assn. for Retarded Children, 99 University Place, New York 3, N.Y., at 20¢ a copy.

BACKACHE

See 1165.

BACKACHE--PHYSICAL THERAPY

1080. Rudin, Louis N. (6010 York Rd., Baltimore 12, Md.)

Physical therapy in lesions of the intervertebral disk of the lower back. South. Med. J. Dec., 1957. 50:12:1518-1520. Reprint.

A simple conservative plan for the treatment of lesions of the intervertebral disk of the lower back is outlined; relaxation of the spastic muscles, relief of ischemia, and relieving pressure on the nerve roots are accomplished through the use of physical therapeutic means. Treatment consists of heat, histamine by ion transfer, ultrasound, and flexion exercises. A discussion of Dr. Rudin's article by Dr. Charles Stransky is abstracted.

BLIND--MENTAL HYGIENE

See 1126.

BLIND--SURVEYS

See 1166.

BRAIN INJURIES--DIAGNOSIS

1081. Mark, Henry J. (Hearing and Speech Center, Johns Hopkins Hospital, Baltimore 5, Md.)

Orienting reflex disturbances in central auditory or language handicapped children, by Henry J. Mark and William G. Hardy. J. Speech and Hear. Disorders. Aug., 1958. 23:3:237-242.

A discussion of a research project focusing attention on the relation between disorganized learning processes and orienting reflex disturbances in cases of central auditory or language disorders. Subjects were children referred to the Johns Hopkins Hearing and Speech Center for psychological evaluation and who were diagnosed as having central auditory or language disorders as a result of brain pathology believed to be present since birth. The onset time of orienting reflex disturbances in the sample group of 36 children suggested, in a significant number of the cases, that such disturbances emerged as late as the third or fourth year of life. The authors also suggest that inability of the auditory system to serve more complex communicative functions gives rise to disorganized learning processes, which, in turn, explains the extinction of a previously present orienting reflex. Practical implications of the findings are discussed.

See also 1120; 1143.

BRAIN INJURIES--SPECIAL EDUCATION

1082. Halpin, Virginia

Basic issues concerning the education of children with cerebral defects. Am. J. Mental Deficiency. July, 1958. 63:1:31-37.

A discussion of problems involved in curriculum planning for mentally retarded children with cerebral injuries. The author reviews the literature to illustrate the confusion existing in current concepts of mental deficiency and brain injury. Four questions are posed which must be considered before curriculum planning is attempted. General aims for such planning are outlined. 30 references.

CAMPING--WISCONSIN

1083. Root, Leslie M.

The rehabilitation program at Camp American Legion (Wis.). J. Assn. for Phys. and Mental Rehab. July-Aug., 1958. 12:4:134-136.

Honorably discharged Wisconsin war veterans in need of convalescent care or rehabilitation following injury or illness are eligible to receive such services in a camping program at Camp American Legion Rehabilitation Center. Although established in 1925, the Camp did not offer an active corrective therapy rehabilitation program until 1955. Administration of the total program is discussed, as well as results achieved. Complete rehabilitation has been demonstrated in the older age groups by adjustment to disability, and in some cases, by re-employment following years of disability.

CEREBRAL PALSY

1084. Tardieu, G.

Conseils pratiques a l'intention des parents et educateurs d'enfants I.M.C., (by) G. Tardieu (and others). Readaptation. July, 1958. 52:9-17.

In same issue: Plan d'un siege pour enfant I.M.C., p. 18-20. -Gestion administrative et financiere d'un Centre de readaptation d'enfants infirmes moteurs, J. Vatier, p. 27-31.

Through the collaboration of authorities in the field of cerebral palsy in France, this study on problems of the cerebral palsied child offers practical information for parents, special education teachers, and social workers. Presented in question-and-answer form, it covers a description of the condition, the parents' role in care and treatment, advice to parents, professional orientation and the role of the special center for treatment, and activities of voluntary associations in France for the welfare of the handicapped.

The article on p. 18-20 illustrates and gives construction details for a chair with a foot rest for cerebral palsied children. It has been used by Dr. Tardieu in their treatment at the Hospital Kremlin-Bicerte. The third article, by J. Vatier, Director of Raymond Poincare Hospital, discusses some administrative problems and financial aspects of the rehabilitation center for handicapped children.

This issue of Readaptation is available from Centre National d'Information pour la Readaptation, 10 rue de Sevres, Paris 7e, France, at 200 francs a copy.

CEREBRAL PALSY--BIOGRAPHY

See 1154.

CEREBRAL PALSY--EMPLOYMENT

See 1160.

CEREBRAL PALSY--MEDICAL TREATMENT

1085. Lorber, John (Reader in Child Health, Univ. of Sheffield, Sheffield, Eng.) Primidone treatment of athetosis in children. Brit. Med. J. July 26, 1958. 5090:208.

In 1957 P. Plum reported (Arch. Diseases Childhood, v. 32, p. 365) that small doses of primidone had helped 18 out of 31 athetoid children. In a test conducted by the author with 9 patients who were given daily dosage of 50 to 75 mg., 5 showed no improvement, 2 subjective improvement, and in 2 children there were toxic symptoms.

CEREBRAL PALSY--MEDICAL TREATMENT (continued)

1086. Posniak, Abraham O. (Dept. of Physical Med. and Rehab., New York Medical Coll., New York 29, N. Y.)

Evaluation of rehabilitation of the severely handicapped cerebral palsied child, by Abraham O. Posniak (and others). Arch. Phys. Med. and Rehab. Aug., 1958. 39:8:482-487.

A 40-bed children's unit at Bird S. Coler Hospital, New York City, was opened in 1954 for severely disabled cerebral palsied children. A study was made of the functional accomplishments of 53 consecutive patients whose average therapy program was 11 months. A tabular analysis is given for the group as to type of motor disturbance and number of extremities involved and by intelligence quotient; the three factors are correlated. Functional categories analyzed were feeding, dressing, ambulation, wheelchair activities, toileting, and speech. Progress by I.Q. groupings is charted to show in what areas improvement was made. It was demonstrated that ambulation training, as well as self-care skills, can be taught even the severely retarded. Criteria for the evaluation of speech improvement are most difficult to develop. Significant progress can be made in the rehabilitation of severely handicapped cerebral palsied children, but such achievement requires prolonged and concerted effort.

See also 1129; 1134.

CEREBRAL PALSY--PARENT EDUCATION

1087. Kraft, Irvin A. (4727 Press Dr., New Orleans 22, La.)

An experimental group approach supplementing rehabilitation. Arch. Phys. Med. and Rehab. Aug., 1958. 39:8:509-513.

A narrative account of an experimental program of group psychotherapy with parents of cerebral palsied adults at the cerebral palsy clinic of United Cerebral Palsy Association of New Orleans. At 6 monthly sessions a group of parents were given opportunity to express freely their feelings on many topics relating to their children, doctors, the association, outsiders, and other parents. Parents were enthusiastic about the meetings and the therapist states that the psychiatric role in rehabilitation of the cerebral palsy child might well be helped by group psychotherapy of parents. Questions raised by the author may help guide a more intensive research program in this area.

CEREBRAL PALSY--RECREATION

See 1097.

CEREBRAL THROMBOSIS

1088. American Heart Association

Strokes; (a guide for the family). New York, The Assn., 1958. 18 p. illus.

A booklet designed primarily for lay education of persons who live with or care for the stroke patient, it describes the medical aspects of strokes, tells how the family can aid the patient's recovery, suggests some self-help devices found useful by patients during the rehabilitation process, and offers advice for families faced with long-term care of stroke patients. Several additional references on self-help devices and aphasia rehabilitation are included.

Available from local Heart Associations or from the American Heart Assn., 44 E. 23rd St., New York 10, N. Y.

CHILDREN'S HOSPITALS

1089. Illingworth, R.S. (Univ. of Sheffield, Sheffield, Eng.)
Children in hospital. Lancet. July 26, 1958. 7039:165-171.
A lecture given to the Central Council of Health Education, Jan. 23, 1958, in which current opinion and knowledge relating to the psychological effect of hospitalization on children are thoughtfully discussed. Hospital procedures in the care of the child and factors causing psychological trauma are explained. In subsequent weekly issues of Lancet other physicians comment on Prof. Illingworth's paper in letters to the Editor.

CHRONIC DISEASE

1090. Rosenberg, Leo (Phys. Med. and Rehab. Service, V.A. Medical Teaching Group Hospital, Memphis, Tenn.)
The long-term continuing care patient. J. Assn. for Phys. and Mental Rehab. July-Aug., 1958. 12:4:131-133, 137.

With the steadily increasing number of aged and chronically ill patients demanding care in Veterans Administration hospitals, medical and administrative leaders are faced with problems involved in long-range planning to provide services needed. The author offers a general plan of management by the rehabilitation team utilizing an inter-agency referral system based on systematic classification according to the Pulhem's Profile method used by the U.S. Army. Profile grading has been found useful in reporting, evaluating, and planning for long-term continuing care. A reprint of the chart used in determining the physical profile is included.

CLEFT PALATE--PARENT EDUCATION

1091. McDonald, Eugene T.
A brighter future is ahead for the child born with cleft lip or cleft palate. Crippled Child. Aug., 1958. 36:2:19-21.

A digest of a comprehensive article which the National Society for Crippled Children and Adults will issue in the near future as part of its parents' series of booklets. Written in question-answer style, it discusses the causes and surgical repair of cleft lip and cleft palate, how parents can aid the child in learning to talk, psychological implications of the condition, associated problems relating to hearing and the teeth, and the mental status of the child with cleft lip and palate. Dr. McDonald, a prominent speech and hearing specialist, is director of the Speech and Hearing Clinic at Pennsylvania State University, a past president of the American Assn. for Cleft Palate Rehabilitation, and the author of numerous books and articles on speech and hearing.

COLLEGES AND UNIVERSITIES

1092 Condon, Margaret E. (Health Guidance Bd., City Coll. of New York, New York 31, N. Y.)
Extracurricular activities of physically handicapped students. Personnel and Guidance J. Sept., 1958. 37:1:53-54.

Since 1946 more than 300 physically handicapped students have attended City College. The responses to a questionnaire sent to 100 are tabulated. Of the 77 respondents, 16 stated they had not engaged in any extracurricular activities while at college. Of the others, all types of handicaps were represented in all types of social, hobby, professional, and general activities covered by the questionnaire.

COLLEGES AND UNIVERSITIES (continued)

1093. Weir, George R.

Is college ahead for your child? Crippled Child. Aug., 1958. 36:2:8-9, 25.

A cerebral palsied college graduate discusses the many factors in addition to curricular and extra-curricular aspects which should be considered in choosing the right college for the handicapped person. Availability of special facilities such as speech, physical, and psychological services; the physical layout of the campus; the size of the student population; and the wise choice of vocational goals--all influence the ultimate choice.

CONGENITAL DEFECT--ETIOLOGY--BIBLIOGRAPHY

1094. U.S. National Institute of Health. Library

Maternal disorders related to fetal stress, perinatal death, congenital defects; selected references; 1952-May, 1958, comp. by Elizabeth Koenig. Bethesda, Md., National Institutes of Health, 1958. 29 p. Mimeo.

An unannotated bibliography of 254 references compiled to aid investigators in the field of preventive pediatrics. Scope is limited to references dealing with effects of maternal infectious diseases, diabetes, thyroid dysfunction, myasthenia gravis, lupus erythematosus, sickle cell disease, thrombocytopenic purpura, leukemia, drug addiction and drug administration. Statistical studies of perinatal morbidity and mortality are cited. The number of references listed in the monographs, review articles, and periodical articles included here is indicated in most instances.

Available from Reference Unit, Natl. Institutes of Health Library, Bethesda 14, Md.

CONVALESCENCE--INSTITUTIONS

1095. U.S. Public Health Service

Nursing home goals. Public Health Rep. Aug., 1958. 73:8:699-713.

Digest of Proceedings, First National Conference on Nursing Homes and Homes for the Aged, Feb. 25-28, 1958, Washington, D.C.

A summarization of the goals outlined by the Conference participants for the improvement of services to the chronically ill and aging, their recommendations for achieving improvements, and three of the addresses delivered at the meeting. The full proceedings are being published by the U.S. Public Health Service. Subjects covered were the administration and financing of nursing home services, professional and public education, regulatory measures, and the variety of services which should be offered.

CYSTIC FIBROSIS--NURSING CARE

1096. Wells, Leora Wood (Natl. Cystic Fibrosis Research Foundation, 2300 Westmoreland, Philadelphia, Pa.)

Cystic fibrosis. Nursing World. Sept., 1958. 132:8:7-9.

An explanation, in lay terms, of the nature and symptoms of cystic fibrosis, the outlook for the patient, and the role of the nurse in the hospital and in the pediatrician's office who must often counsel parents in care of the child. Diagnostic procedures are explained briefly.

DAY CAMPING

1097. United Cerebral Palsy Associations (321 W. 44th St., New York 36, N.Y.)
Day camping for the cerebral palsied. New York, The Assns., 1958.
27 p. illus., forms. (Program bu. no. 11)

A day camp program planned for handicapped children offers unusual opportunities for personality growth and social adjustment. The problems of setting up a day camp for the cerebral palsied are often complex; this manual seeks to clarify some of the problems. Among those concisely and simply covered are: purpose, committee organization, resources, parent relations, the question of a therapy program, admission policies, site and equipment, staffing, programming, transportation, costs, illness and accidents, records, and evaluation.

DEAF

1098. Ballantyne, J. Chalmers

The child born deaf. Med. World. Aug., 1958. 89:2:118-121.

The management of the child with congenital deafness calls for early detection of the condition, treatment beginning in the optimum period of preparation for speech (preferably in the first year and not later than the age of 3), and use of auditory equipment in such training. The author points out the responsibility of the family physician in recognizing congenital deafness in the child. Common presenting symptoms, possible causes, prevention, and hereditary aspects of congenital deafness are discussed.

1099. Silverman, S. Richard (Central Institute for the Deaf, 818 S. Kingshighway, St. Louis 10, Mo.)

The hearing handicapped; their education and rehabilitation. Postgrad. Med. Mar., 1958. 23:3:321-330. Reprint.

This article, the seventh of a series under the section on physical medicine and rehabilitation, discusses hearing impairment as it interferes with or retards social efficiency in its broadest sense. Dr. Silverman notes the confusion existing in terminology used to define degrees of hearing impairment and suggests as a frame of reference the classification proposed by the Conference of Executives of American Schools for the Deaf. Use of the audiogram in measuring hearing loss and its relation to communication efficiency is explained. The education and rehabilitation of deaf and hard of hearing persons are considered separately; techniques and mechanical aids are mentioned briefly. In conclusion, a list is given of organized groups and agencies interested in the problems presented by impaired hearing. Bibliography of 28 references.

DEAF--MEDICAL TREATMENT

1100. Pou, Jack W. (1513 Line Ave., Shreveport, La.)

Recent advances in the treatment of deafness. J. Louisiana State Med. Soc. Aug., 1958. 110:8:271-275.

In the past 20 years tremendous strides have been made in the surgical treatment of conductive deafness. Discussed are recent advances in treatment of certain types of deafness--perforations to the tympanic membrane and pathologic conditions of the middle ear--by means of the fenestration operation, mobilization of stapes, myringoplasty and tympanoplasty.

DEGLUTITION

1101. Brown, William H. (Dept. of Psychiatry, Univ. of Utah, 156 Westminster Ave., Salt Lake City, Utah)
Psychologic aspects of prolonged dysphagia following bulbar poliomyelitis, by William H. Brown, Robert H. Hales, and James F. Bosma. G.P. Aug., 1958. 18:2:103-108.

Three case histories were chosen to illustrate different patterns of response to disabilities of the pharynx resulting from acute poliomyelitis. The psychologic aspects of disability of swallowing have received scant attention in the literature; this article shows how reactions of patients can markedly affect patient participation in therapy. The bibliography for this article, not included here, may be ordered from Production Dept., American Academy of General Practice, Volker Blvd. at Brookside, Kansas City 12, Mo.

EMPLOYMENT (INDUSTRIAL)

See 1167.

EMPLOYMENT (INDUSTRIAL)--GREAT BRITAIN

1102. Verulam, Lord

Industry and rehabilitation. Rehabilitation. July-Sept., 1958. 26:5-14.

British industry is presumably in a period of full employment. Although there are some 750,000 registered disabled in Britain, there is an estimated 3 million of the total working population (about 12%) who are handicapped in some way. Lord Verulam makes a plea to industry not only for employment of the disabled and injured but for their placement in the right jobs. A paper by the Chairman of the Executive Committee of the British Council for Rehabilitation at the Council's annual conference, Aberdeen, March 25, 1958.

EXCERCISE

1103. Rasch, Philip J.

Studies in progressive resistance exercise; a review. J. Assn. for Phys. and Mental Rehab. July-Aug., 1958. 12:4:125-130.

Report no. 15-57, The Research Center, Los Angeles County Osteopathic Hospital, Los Angeles, Calif.

Literature concerning the use of progressive resistance exercise to develop muscular strength and hypertrophy was reviewed by the author in a series of papers published from 1954 through 1956 (listed in the bibliography accompanying the article). The present article presents additional pertinent data collected since publication of the earlier reviews. From a study of the data, the author concludes that progressive resistance exercise is a valuable addition to treatment although the relative advantages of various programs recommended have not been reported extensively. Success of the exercise regime would seem to depend primarily upon the ability of the therapist to motivate the patient to exert maximum effort. Contraindications for progressive resistance exercise in certain types of patients are discussed briefly. Includes a bibliography of over 50 references.

See also 1083.

HAND

See 1168.

HARD OF HEARING

See 1081.

HEART DISEASE

1104. American Heart Association (44 E. 23rd St., New York 10, N.Y.)

Panel discussion: Rehabilitation of the cardiac patient, by Louis N. Katz (and others). Circulation. Jan., 1958. 17:1:114-126. Reprint.

With Dr. Katz as moderator, other members of the panel discussion held in conjunction with the Scientific Session on Clinical Cardiology on October 29, 1956, were Drs. Robert A. Bruce, Norman Plummer, and Herman K. Hellerstein. Dr. Bruce described various types of tests for evaluating the physiologic capacity of the heart patient for work. Dr. Plummer discussed psycho-social factors in the employment of the cardiac worker, from the point of view of the worker himself, the employer, and the employee's private physician. Dr. Hellerstein reported on the work classification clinic, reflecting the experience of clinics in New York, Boston, Philadelphia, Iowa, Seattle, and elsewhere.

See also 1088.

HEART DISEASE--GREAT BRITAIN

1105. Newling, P.A.

Cardiac rehabilitation. Almoner. Aug., 1958. 11:5:167-172.

Much of the work of the medical social worker in a cardiac clinic has to do with helping patients adjust to the diagnosis and to the restrictions which sometimes impose on their activity but at the same time ensure that they function as normally as possible within their own limits. Of a sampling of 202 patients attending the clinic at St. Thomas' Hospital (England) in 1957, only 5% could be classified as "cardiac invalids," but 41% had to face considerable changes in their working lives. The author reviews employment problems of the 41% and how the social worker can be of help.

HEART DISEASE--EMPLOYMENT

1106. Whitehouse, Frederick A. (44 E. 23rd St., New York 10, N.Y.)

The older cardiac and selective placement; remarks by...at Workshop on Selective Placement, State College, Pennsylvania, July 24, 1958. New York, The Author, 1958. 16 p. Mimeo.

The author, rehabilitation director for the American Heart Assn., defines the problems of the cardiac in industry, the role of the selective placement counselor and the need to maintain higher standards of professional practice, effect of the counselor's personal reaction to heart disease on counselor-client relationships, and better relationships with physicians responsible for evaluation of the cardiac's ability to work. Psychological aspects of heart disease must be assessed in the placement process. The value of work evaluation units in selective placement of cardiacs has been proven; results show that cardiacs can work if properly placed.

HEMIPLEGIA

1107. New York University-Bellevue Medical Center. Institute of Physical Medicine and Rehabilitation.

An evaluation of rehabilitation of patients with hemiparesis or hemiplegia due to cerebral vascular disease...by Philip R. Lee (and others). New York, The Institute, 1958. 45 p. tabs. (Rehab. monograph XV)

HEMIPLEGIA (continued)

A detailed statistical study of results of a comprehensive rehabilitation program for patients with hemiplegia or hemiparesis caused by cardiovascular disease. Subjects were 230 cardiovascular hemiplegics discharged from Bellevue Hospital, New York, over a nine-year period. A detailed follow-up of 85 patients is also included. Purpose of the long-term study of which this is a part is to determine the value of rehabilitation methods and the factors which affect success of the programs. Findings revealed that motivation appeared to be the most important single factor affecting achievement of the patient. Such factors as sex, ethnic origin, neurologic deficit, characteristics of the vascular accident, and miscellaneous physical characteristics of patients had little or no significant effect on results of rehabilitation. Others participating jointly with Dr. Lee in this study were Drs. Sigmund Groch, John Untereker, John Silson, Michael M. Dasco, Daniel J. Feldman, Howard A. Rusk, and Kathleen Monahan.

Available from the Institute of Physical Medicine and Rehabilitation, 400 East 34th St., New York 16, N.Y., at \$1.00 a copy.

See also 1088;1164..

HEMIPLEGIA--PHYSICAL THERAPY

1108. Doman, Glenn J.

The non-surgical central approach to the central problem: Part I, by Glenn J. Doman, Robert J. Doman, and Carl H. Delacato; Part II. Reflex therapy, by Glenn J. Doman (and others). Philadelphia, The Rehabilitation Center (1958). 2 pamph. illus.

Papers presented before the Eastern Pennsylvania Group, Am. Phys. Therapy Assn., 1957. Material abstracted from Hemiplegia School Lecture Course of The Rehabilitation Center at Philadelphia.

These pamphlets represent the first two of a series of lectures on rehabilitation problems and techniques in the treatment of disability resulting from central nervous system disorders. Part I discusses general aspects of the rehabilitation concept and the different approach required in treating central nervous system disorders and problems of an orthopedic nature. Among the several approaches suggested by the authors of Part I, the first is treatment by reflex therapy, a concept which calls for the use of well known clinical reflexes, not as diagnostic measures but rather as therapy designed to achieve early movement where none exists or to strengthen existing movement. Ten years' study of the use of reflex therapy in rehabilitation by the authors suggests that it offers a possible means of shortening the rehabilitation period for many patients with central nervous system disorders.

Both pamphlets are available from The Rehabilitation Center at Philadelphia, 8801 Stenton Ave., Philadelphia 18, Pa.

HIP--DISLOCATION

1109. Hass, Julius (17 E. 82nd St., New York 28, N.Y.)

Can congenital dislocation of the hip be prevented? N.Y. State J. Med. Mar. 15, 1958. 58:6:847-852. Reprint

Developing from congenital dysplasia, so-called congenital dislocation of the hip is preventable, the author believes, if the condition is treated within the first six months of infancy. He describes and recommends the use of an abduction bar which, in contrast to other apparatus mentioned, is applied in

HIP--DISLOCATION (continued)

front of the thighs and maintained in position by two thin circular metal bands on each thigh. The apparatus is simple, practical, and an effective device for treatment. X-ray examination of all newborn infants is recommended as part of the routine medical check-up; the increased acetabular index indicating congenital dysplasia can be recognized at this time and treatment instituted before other symptoms are established.

HOMEBOUND--RECREATION

1110. National Recreation Association

Proceedings of the Third Hospital Recreation Institute: Recreation for the ill and handicapped homebound; sponsored by New York University School of Education and the...1958. New York, The Assn., 1958. 56 p. Spiral binding.

Contains addresses and reports of general sessions and panel discussions on various phases of recreation needs, planning, and techniques in programs for hospitalized and homebound patients. Includes: The pendulum swings, Katherine Brownell Oettinger. -Recreation; an integral part of rehabilitation, Dr. Howard A. Rusk. -Motivation for the patient, his family and friends, Dr. Roland Spaulding. -Recreation counseling for the mentally ill as part of discharged patient planning, Marie Sante. -The use of television for the homebound, E.A. Hungerford. General sessions covered types of services in existence and the development of community resources for the homebound. Workshops discussed the use of volunteers, educational value of recreation, and recreational media.

Available from Natl. Recreation Assn., 8 W. Eighth St., New York 11, N.Y., at \$1.25 a copy.

HOSPITALS

1111. Gissane, William (Clinical Director, Birmingham Accident Hosp., Birmingham, Eng.)

~~Accidents; the case for a new approach to the organization and coordination of hospital accident treatment services.~~ Rehabilitation. July-Sept., 1958. 26:15-19, 23-26.

Reprinted from The Medical Press.

In "The final report of the Inter-Departmental Committee on the Rehabilitation of Persons injured by Accidents" (H.M.S.O., 1939), provision for Fracture Services was recommended. In the past 20 years fracture units have been widely established. There is a need now for new thinking and a new approach to hospital accident treatment services. Adequate care of the seriously injured calls for the immediate availability of the full team of specialists represented on a hospital staff. A panel discussion at the annual meeting last year of the British Medical Association was in unanimous agreement that a central accident hospital or large accident department was the essential requirement of existing casualty and fracture departments of each Region. Experience at the Birmingham Accident Hospital has shown, too, that no matter how well injuries are treated, accident hospitals must be prepared to review the need for further treatment or for change of employment for the rehabilitation of patients.

LARYNGECTOMY

1112. Hodson, C.J.

Speech recovery after total laryngectomy: Part I, by C.J. Hodson; Part II, M.V.O. Oswald. Edinburgh, Scotland, E. & S. Livingstone, 1958. 36 p. figs., plates.

Part I, titled "Radiological investigation of the mechanism of voice production," describes an original technique for displaying the action of various pharyngeal muscles in the production of sounds when there is no longer a glottis. By a combination of radiography, cinematography, and the sound track, it has been possible to demonstrate all the important and detailed action of the cricopharyngeal sphincter. Part II reports results of a clinical investigation of the reproduction of voice and the practical application of speech therapy in aiding the laryngectomee to develop an intelligible audible voice. Ten case histories are presented to illustrate some problems encountered in speech rehabilitation of the laryngectomee and differing methods of treatment. This pamphlet is of interest in that it offers some new ideas, based on experience and backed by clinical evidence, for the management of laryngectomized patients.

Available in the United States from Williams and Wilkins Co., Mt. Royal and Guilford Aves., Baltimore 2, Md., at \$1.50 a copy.

MEDICINE--RESEARCH

1113. U.S. Department of Health, Education, and Welfare

The advancement of medical research and education through the...; final report of the Secretary's consultants on medical research and education. Washington, D.C., Gov't. Print. Off., 1958. 82 p. charts.

The Department's medical and research activities are carried on by 5 organizations--the Public Health Service (including the National Institutes of Health), Office of Vocational Rehabilitation, Food and Drug Administration, Children's Bureau, and St. Elizabeth's Hospital. The National Institutes of Health account for about 90% of all expenditures. Factors that determine our research needs are briefly reviewed, and recommendations for research programs of the various agencies are analyzed and discussed.

Available from U.S. Superintendent of Documents, Washington 25, D.C., at 60¢ a copy.

MENTAL DEFECTIVES

See 1079; 1149.

MENTAL DEFECTIVES--MAINE

1114. Ervin, Edmund N. (2 School St., Waterville, Me.)

The problems of the mentally retarded child in Maine. J. Maine Med. Assn. Feb., 1958. 49:2:48-54. Reprint.

Since 1956 a Committee on Problems of the Mentally Retarded has given its attention to the study of needs unmet in Maine. This article presents the joint report of the Committee and its Sub-committee groups on its findings. Included are information on the incidence of mental retardation in Maine, surveys to be undertaken for purposes of comparison of services in Maine with those in other states, the status of professional services existing in Maine, including education and vocational guidance, and recommendations for improving teacher training and state facilities.

MENTAL DEFECTIVES--WEST VIRGINIA

1115. West Virginia. State Department of Health (Charleston 5, W. Va.)
Proceedings of the Second Seminar on Mental Retardation... March 10
and 11, 1958... Charleston, The Dept., 1958. 49 p.

Title of Seminar: Determining and meeting the needs of mentally retarded children and their parents in both urban and rural areas of West Virginia.

A report of proceedings of a Seminar sponsored by the West Virginia State Dept. of Health. Included are addresses by Dr. Henrietta L. Marquis, pediatric consultant to the department, reviewing its mental retardation program; by G. Orville Johnson, an authority in special education, who discussed public school and custodial provisions for the mentally retarded child; and a discussion on community resources for the mentally retarded child, by Rudolph P. Hormuth of the U. S. Children's Bureau. A panel discussion considered ways of meeting urban and rural problems in the field of mental deficiency, the role of agencies providing services, parents' responsibilities, and the part contributed by professional personnel in the field.

MENTAL DEFECTIVES--BIBLIOGRAPHY

1116. Whitney, E. Arthur (Elwyn Training School, Elwyn, Pa.)
Mental deficiency (1957); supplemental abstracts. Am. J. Mental Deficiency. July, 1958. 63:1:12-14.

Five additional abstracts of articles concerned with research in mental deficiency published during 1957. The annual compilations of abstracts by Dr. Whitney appear in the Journal usually in the March or April issue. Articles currently abstracted deal with the effect of rubella on frequency of congenital defects; factors to be considered in conducting research on congenital defects attributed to rubella during pregnancy, kin matings between parents of mental defectives (a Swedish report); and behavior disorders in school children attributed to brain damage.

MENTAL DEFECTIVES--DIAGNOSIS

1117. Lederman, Donald G. (State Coll. of Washington, Pullman, Wash.)
Small group observation as a diagnostic technique. Am. J. Mental Deficiency. July, 1958. 63:1:64-71. Reprint.

A comparison of two methods (testing and interviewing versus observations of group interaction) for determining placement dispositions of mentally retarded children in institutions. Four patients met with an observer for a total of six sessions; they were selected from a group referred to the Psychology Service of the institution for evaluation of their community placement potentials. The technique of observing small group interaction shows great promise as a diagnostic and prognostic tool, the writer believes. In terms of time spent per evaluation, it is more economical than the usual projective test battery plus individual interviews and conferences between staff members.

MENTAL DEFECTIVES--EMPLOYMENT

See 1156.

MENTAL DEFECTIVES--MEDICAL TREATMENT

1118. Adamson, William C. (Woods Schools, Langhorne, Pa.)
Use of tranquilizers for mentally deficient patients, by William C. Adamson (and others). A.M.A. J. Diseases of Children. Aug., 1958. 96:2:159-164. Reprint.

MENTAL DEFECTIVES--MEDICAL TREATMENT (continued)

In a double-blind study 40 patients with severe behavior problems were treated with chlorpromazine, reserpine, a combination of the two drugs, and a placebo over a period of 380 days. Clinical improvement was seen in 80% to 100% of the cases with chlorpromazine, 70% to 100% with reserpine, and 70% to 90% with a combination. Improvement by placebo, ranging from 40% to 70%, showed the need for placebo control study in all research concerned with effectiveness of drugs on behavior. No significant changes in intellectual or social functioning was observed before or after periods of medication. The only major complication was drowsiness in 40% to 50% of the subjects.

1119. Bradley, J. Edmund (Dept. of Pediatrics, Univ. of Maryland School of Medicine, Baltimore, Md.)

Subsequent mental development of children with lead encephalopathy, as related to type of treatment, by J. Edmund Bradley and Ruth J. Baumgartner. J. Pediatrics. Sept., 1958. 53:3:311-315.

A report of a study to determine possible differences in residual deficit in children treated for lead encephalopathy by two therapeutic agents. The areas of intellectual functioning and visual motor ability were tested in both groups. While findings of the study suggest that children treated with the chelate, calcium disodium ethylenediaminetetra-acetic acid (EDTA) have a significant reduction in neurologic sequelae and mental retardation, the possibility of undesirable psychological residuals remains despite the type of treatment.

MENTAL DEFECTIVES--MENTAL HYGIENE

See 1140.

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS

1120. Hunt, Betty (Columbus State School, 1601 W. Broad St., Columbus, Ohio)

Performance of brain-injured and familial mentally deficient children on visual and auditory sequences, by Betty Hunt and Ruth M. Patterson. Am. J. Mental Deficiency. July, 1958. 63:1:72-80. Reprint.

A comparison of the performance of brain-injured mentally deficient children and mentally deficient children diagnosed as familial on the perception of visual and auditory sequences and ability to arrange materials of both types into proper sequences. Results of the study suggest that teaching methods should be altered to facilitate the use of cues from the area least handicapped. It is suggested also that children should possibly be classified and grouped on the basis of disability as well as on mental and chronological age.

1121. Ruess, Aubrey L. (Cleft Palate Training Center, 1853 W. Polk St., Chicago, 12, Ill.)

Some cultural and personality aspects of mental retardation. Am. J. Mental Deficiency. July, 1958. 63:1:50-59. Reprint.

A summary of a dissertation submitted to the University of Chicago in 1956 for the degree of Doctor of Philosophy. Dr. Ruess tested four hypotheses to determine the possible relationship of cultural and personality variables to mental retardation. Broad generalizations based on the findings of the study are given in conclusion. Implications are that intelligence test scores alone can be ambiguous but when used in conjunction

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS (continued)

with Rorschach findings and other intelligence tests, a clearer picture of intellectual ability emerges, presenting an argument for a reevaluation of methods used in determining mental retardation, especially among children of lower socio-economic groups.

MENTAL DEFECTIVES--SOCIAL SERVICE

1122. Mahoney, Stanley C. (Psychological Service Center, Ft. Hays Kansas State College, Hays, Kan.)

Observations concerning counseling with parents of mentally retarded children. Am. J. Mental Deficiency. July, 1958. 63:1:81-86. Reprint.

Parents of mentally retarded children should be viewed as individuals rather than as a homogenous group with similar feelings and reactions to a similar traumatic situation. The adequacy of their own personal adjustment to themselves and to other people can influence their reactions to the child's mental retardation. Counseling of a generally supportive nature can be employed effectively with parents whose previous adjustment has been satisfactory. Chronically disturbed parents will need intensive psychotherapeutic help before realistic planning can be achieved for the child's welfare.

See also 1161.

MENTAL DEFECTIVES--SPECIAL EDUCATION

See 1082; 1124; 1155; 1169.

MENTAL DEFECTIVES--SPEECH CORRECTION

1123. Schlaenger, Bernard B. (Speech and Hearing Clinic, W. Virginia Univ., Morgantown, W. Va.)

Speech therapy with mentally retarded children. J. Speech and Hear. Disorders. Aug., 1958. 23:3:298-301.

A non-directive therapy approach to the speech problems of mentally retarded children is described, with examples of activities used in promoting speech and language development in the young retarded child. Where no severe pathology exists, most of the retarded can produce correct speech sounds, but complete elimination of speech defects in spontaneous speech is quite difficult and limited to the educable retarded child. Even among higher grade retarded children, however, articulatory errors frequently continue in spontaneous verbalization. Communication goals for the retarded are limited because of the psychological and physiological factors involved.

MONGOLISM--SPECIAL EDUCATION

1124. Kolstoe, Oliver P. (Dept. of Special Education, Southern Illinois Univ., Carbondale, Ill.)

Language training of low-grade mongoloid children. Am. J. Mental Deficiency. July, 1958. 63:1:17-30. Reprint.

A report of an experimental study to determine whether or not low-grade mongoloid children were trainable in language functions when given intensive individual training. Subjects were mongoloid patients at the Lincoln State School, Lincoln, Ill. Organization and techniques of the program of instruction, its results, and research needed in this area

MONGOLISM--SPECIAL EDUCATION (continued)

are discussed. Findings revealed differences that were statistically significant between the experimental group and a control group which received no intensive individual training. In this experiment major differences occurred among those having higher mental age levels; caution should be exercised in the interpretation of results, however. The appendix contains the observational rating scale used for evaluating language ability, as well as a description of procedures for "stimulated" situations useful in scoring patients' language ability.

MUSCULAR DYSTROPHY

1125. Ogg, Elizabeth

Out of the shadows; the story of muscular dystrophy. New York, Public Affairs Committee, c1958. 28 p. (Public Affairs pamph. no. 271)

Another in the series of pamphlets intended for public education on specific diseases, their symptoms, prognosis, and treatment. Treatment in the home, psychological implications of muscular dystrophy for the patient and his parents, medical, educational, and recreational needs of the child with muscular dystrophy are considered briefly. Results of research are reported and the program of Muscular Dystrophy Associations of American explained.

Available from Public Affairs Pamphlets, 22 E. 38th St., New York 16, N.Y., at 25¢ a copy.

MUSIC THERAPY

1126. Unkefer, Robert K.

Music therapy in the rehabilitation of the adult blind; a research project report. Topeka, Services for the Blind, State Dept. of Social Welfare of Kansas (1957?). 80 p.

The Kansas Rehabilitation Center for the Blind provides psychological and psychiatric services in its diagnostic and adjustment program. Louis S. Cholden, M.D., Consulting Psychiatrist at the Center at the time of his death--to whom this report is dedicated--had successfully developed the use of group therapy as part of the program. As a result of the experimental use of music therapy begun in 1952, a research project to evaluate the effectiveness of music therapy in rehabilitation of the blind was instituted in 1954. The two-year demonstration program was made possible by a grant from the U.S. Office of Vocational Rehabilitation. The project is reported in detail and 6 case histories illustrate the function of the music therapist at the Center. The report is reviewed critically in New Outlook for the Blind, Sept., 1958, p. 275-277, by Dr. Herbert Rusalem. Forms used in the research project are reprinted in the appendix.

Issued by Services for the Blind, State Dept. of Social Welfare of Kansas, State Office Bldg., Topeka, Kans.

NEUROLOGY

See 1108; 1133; 1134; 1137.

NURSERY SCHOOLS

See 1169.

NURSERY SCHOOLS--TEXAS

1127. Arbuckle, Anne Holden (Tribune Bldg., Austin, Texas)

A summary of the findings of a survey of opportunities for the enrollment of young exceptional children in pre-school facilities of Texas. Austin, Texas Dept. of Public Welfare, 1958. 11 p. Mimeo.

The survey was designed to gather data from day-care centers, nursery schools, and kindergartens in Texas offering services to exceptional children within groups of normal children. Disabilities are ranked in a formulated order of acceptability according to the information received; possible reasons for the lower acceptability of certain types of handicapped children are surmised. Recommendations, based on implications of the findings, are made and the establishment of special education programs for children 3 years of age or older is urged. Those with speech and hearing defects, the visually impaired, and the cerebral palsied could, it is believed, profit most from such programs.

NURSING

1128. Klumb, K. Bernice (Bur. of Public Health Nursing, Calif. State Dept. of Public Health, 2151 Berkeley Way, Berkeley 4, Calif.)

What is rehabilitation nursing? Calif. Health. Aug. 15, 1958. 16:4:25-27.

Describes a three-week course in rehabilitation nursing given at Fairmont Hospital, San Leandro, California to teach the special techniques required to prevent deteriorating effects of disuse, the role of the nurse on the rehabilitation team, nursing principles involved in rehabilitation of specific disabilities, and the broad objectives of rehabilitation nursing.

NUTRITION

1129. Slavutsky, Isaac (Dr. Citrinovitz, Rio De Janeiro, Buenos Aires, Argentina) Estudio nutricional y dietetico en ninos con paralisis cerebral (comunicacion preliminar), by Isaac Slavutsky (and others). Arch. Argentinos de Pediatría. Apr., 1958. 49:4:168-184. Reprint.

A report of a study of 28 children attending the Rehabilitation Center for Cerebral Palsy Children at the Rawson Hospital in Buenos Aires. Purpose of the study was to determine growth and development disturbances and the relation of adequate nutrition to general improvement of these patients. While the limited number of cases does not allow definite conclusions to be drawn, the authors stress the need for an appropriate diet as a complement of specific treatment in such children. In no case in the study was it necessary to give more than 3,000 calories to maintain or to improve weight. Text of the article is in Spanish, with an English summary.

OCCUPATIONAL THERAPY--STUDY UNITS AND COURSES

See 1151.

OLD AGE--NEW YORK

1130. New York State Joint Legislative Committee on Problems of the Aging Good news for later life, (1958 annual report of the...). Albany, The Committee, 1958. 169 p. illus., tabs. (Legislative doc. (1958) no. 8)

The annual report of the Committee reflects changes which have occurred through legislation in New York State in behalf of the aging individual. The summary of recommendations offered by the Committee at the beginning of the report outlines steps in the program which further legislation could implement. These yearly reports present a very detailed

OLD AGE--NEW YORK (continued)

view of the financial, vocational, housing and health aspects of the problems of older persons in New York State.

Available from the Chairman, State Senator Thomas C. Desmond, 94 Broadway, Newburgh, N.Y.

OLD AGE--PROGRAMS

1131. U.S. Department of Health, Education and Welfare. *Special Staff on Aging Programs of the...affecting older persons.* Washington, D.C., Gov't. Print. Off., 1958. 30 p.

Following a summarization of the highlights of recent activities for the benefit of the aging in programs administered by agencies of the Federal government, more detailed reports are presented by the Special Staff on Aging, the Social Security Administration, the Public Health Service, Office of Vocational Rehabilitation, Office of Education, and the Food and Drug Administration. Programs covering benefits and services to the aging, training of professional personnel for work in the field of geriatrics, and research currently being administered or planned for the coming fiscal year are described.

Available from U.S. Superintendent of Documents, Washington 25, D.C. at 20¢ a copy.

OLD AGE--SPEECH CORRECTION

1132. Mysak, Edward D. (Voice Communication Laboratory, Purdue University, Lafayette, Ind.)

Aging processes in speech; pitch and duration characteristics, by Edward D. Mysak and T.D. Hanley. *J. Gerontology.* July, 1958. 13:3:309-313

A report of research on particular vocal variables in the older male group, studied under two speaking conditions--oral reading and impromptu speaking. Data from this research were compared with previously gathered data from the literature on younger males. The article is an attempt to supply normative information regarding speech and the aging process.

PARALYSIS AGITANS--MEDICAL TREATMENT

1133. Cooper, Irving S. (550 First Ave., New York, N.Y.)

Chemopallidectomy and chemothalamectomy for parkinsonism, by Irving S. Cooper (and others). *Geriatrics.* Mar., 1958. 13:3:127-147. Reprint.

A summary of the authors' experience in the surgical treatment of parkinsonism, based on a study of 600 basal ganglia operations performed over a 5-year period. It is their belief that the technique of pallidectomy and, thalamectomy is capable of relieving tremor and rigidity in more than 80% of properly selected cases. A brief review of the history of neurosurgical treatment of parkinsonism is given, the techniques described, and criteria for the selection of patients for surgery outlined.

1134. Cooper, Irving S. (550 First Ave., New York, N.Y.)

Chemopallidectomy and chemothalamectomy for parkinsonism and involuntary movements of childhood. *Postgrad. Med.* Aug., 1958. 24:2:153-162. Reprint.

Adapted from a scientific exhibit presented at the 1957 annual meeting of the American Medical Association....

PARALYSIS AGITANS--MEDICAL TREATMENT (continued)

Consisting mainly of illustrations with explanatory text, this article describes the surgical techniques of chemopallidectomy and chemothalamectomy developed by the author. A summary of results of its use in 700 cases is presented, with the contraindications for surgery. The procedure, in addition to relieving tremor and rigidity, has also relieved choreo-athetosis, hemiballism, and dystonia.

PARAPLEGIA

See 1159.

PARENT EDUCATION

1135. California. State Department of Education

Handbook on parent education; revised by Milton Babitz. Sacramento, The Dept., 1958. 55 p. illus. (Bul., Calif. State Dept. of Educ. May, 1958, 27:3)

Prepared as a guide for school administrators, teachers, and lay leaders in the development and expansion of parent education programs in California this revised edition of a handbook first published in 1950 discusses the current status of parent education in California, organization of effective community programs of parent education, techniques employed, and California's program of public school adult education. Rules and policies in such programs are included, as well as legislative provisions applying to classes for adults.

Available from Textbooks and Publications Division, California State Dept. of Education, 721 Capitol Ave., Sacramento 14, Calif., at 25¢ a copy.

PHYSICAL MEDICINE

1136. Lefkoe, Harold (255 S. 17th St., Philadelphia 3, Pa.)

Rapid rehabilitation following industrial injuries. Penn. Med. J. Aug., 1958. 61:8:1007-1009.

Industrial injuries not treated in a plant by the industrial physician are usually treated by the general practitioner. Dr. Lefkoe explains factors that make the treatment of work injuries different from care given other members of a family. Since it is necessary to return the injured worker to his job as soon as possible, the patient should be seen and active treatment given with much greater frequency. Physical methods used in therapy are also discussed briefly.

PHYSICAL THERAPY

1137. Jones, Monica Martin (Westminster Hospital, London, England)

Re-education of movement; the use of patterns of movement and facilitation techniques. Physiotherapy. Aug., 1958. 44:8:219-223.

The first of a series of four articles which will appear in successive issues of Physiotherapy. In this general introduction, limb, trunk and neck movement patterns are reviewed briefly and emphasis is given to individual treatment of patients, diagonal patterns of movement, and various techniques employed to increase range of movement. Other articles in the series will describe use of these techniques in treating specific conditions; the second article will be concerned with the hemiplegic patient.

PHYSICAL THERAPY (continued)

1138. Stewart, Margaret A.

The role of functional activities in physiotherapy. Physiotherapy.
Aug., 1958. 44:8:224-228.

Rehabilitation training of the disabled patient in functional activities must have as its aim the achievement of maximum ability consistent with the particular disability. The author has chosen five types of disability to illustrate how inclusion of certain purposeful activities in the rehabilitation program can aid in the person's recovery of function. Discussed are the elderly patient, the hemiplegic, the post-operative patient, those with postural disability, and the rheumatoid arthritic patient. A minimum list of functional activities ensuring the patient an "existence-level" measure of personal independence is included.

See also 1170; 1171.

PHYSICAL THERAPY--PERSONNEL

See 1150; 1151.

PHYSICAL THERAPY--LEGISLATION

1139. Brist, F. Manley

Some help in the drafting of a physical therapy law, by F. Manley Brist and Earl C. Elkins. Arch. Phys. Med. and Rehab. Aug., 1958. 39:8:503-508.

The legal counsel for the American Registry of Physical Therapists and the Chairman of the Board of the Registry offer a sample law that may assist those responsible for drafting a state law defining and regulating physical therapy. In the experience of the Board, the state agency designated to register physical therapists should be the State Board of Medical Examiners. It is also stressed that the state agency should be given discretionary powers to grant registration without examination to any physical therapist found qualified after examination by the American Registry of Physical Therapists. Copies of the proposed law are available from American Registry of Physical Therapists, 30 N. Michigan Ave., Chicago 2, Ill.

PLAY THERAPY

1140. Gondor, Emery I. (N.Y. Med. Coll., Flower and Fifth Ave., Hospitals, New York, N.Y.)

Techniques and expressive therapy integrated into the treatment of mentally retarded children, by Emery I. Gondor and Morrison Levbart. Am. J. Mental Deficiency. July, 1958. 63:1:60-63.

Describes functions of the play-room at the Clinic for Mentally Retarded Children, Flower and Fifth Avenue Hospitals, New York City. In addition to providing recreational activities for children awaiting visits to the pediatrician, it aids in the collection of psychological data helpful to all members of the clinic team. The room is also used for individual and group therapy. The authors describe the use of art and play activities in diagnosis and expressive therapy treatments. A specific play-technique with paper cut-outs has been found extremely helpful in therapy sessions.

POLIOMYELITIS--EMPLOYMENT

1141. Knapp, Miland E. (Elizabeth Kenny Institute, 1800 Chicago Ave., Minneapolis 4, Minn.)

Employability following poliomyelitis, by Miland E. Knapp and Lewis Sher. Arch. Phys. Med. and Rehab. Aug., 1958. 39:8:514-518.

A report of a questionnaire survey of the employment and economic status of 649 adult patients of the 4,409 patients discharged from Elizabeth Kenny Institute from 1942-1955. Findings are correlated with type and severity of involvement and with age of the patient. Services of the state division of vocational rehabilitation were used by 44 patients. Household help was needed temporarily by 40% of the women and 12.6% of the men, and permanently by 9.4% of the women and 4% of the men. Regarded unemployable were 0.5% of the women and 2.3% of the men. Income level of the entire group was reported as generally better than before poliomyelitis.

POLIOMYELITIS--MENTAL HYGIENE

See 1101.

POLIOMYELITIS--SPEECH CORRECTION

1142. Goates, Wallace A. (Dept. of Speech, Univ. of Utah, Salt Lake City, Utah)

Disability of speech resulting from malpositioned cervical spine following poliomyelitis, by Wallace A. Goates and James F. Bosma. J. Speech and Hear. Disorders. Aug., 1958. 23:3:283-293.

A report of a study of postpoliomyelic speech in which patients identified with severe to near complete speech disability resulting from paralysis, contractures of neck muscles, cervical lordosis and scoliosis were the subjects. Three case histories of patients with marked disability of speech are included and the trial therapeutic measures employed in their treatment described. Effort to sustain mobile patency of the pharynx and to relieve pressure on the larynx through reduction of contracture and of cervical lordosis was made; speech could then be improved, along with intra-oral manipulation. With the correction of structure position, speech therapy can be more effective and the prognosis clarified.

PSYCHOTHERAPY

See 1087.

READING

1143. De Hirsch, Katrina (Dir., Language Disorder Clinic, Columbia Med. Center, 46 E. 82nd St., New York, N.Y.)

Tests designed to discover potential reading difficulties at the six-year old level. J. South African Logopedic Soc. June, 1958. 5:1:3-9.

It has been observed that our schools have a fairly large percentage of intelligent children who are educational or emotional casualties because of reading disability. The Pediatric Language Disorder Clinic, Columbia-Presbyterian Medical Center, New York, has developed procedures to predict future reading performance. Children are observed in order to detect poor motor skills. They are also tested and observed for perceptual functioning, left-right discrimination, auditory memory span, figure-background discrimination, abstract functioning, and spoken language ability, including eructivity, in a child's ability to learn to

READING (continued)

and for hyperactivity as a behavior pattern. Systematic observation will not only help to identify the child who may have reading difficulties but also may suggest areas in which specific techniques in training can be used to advantage.

RECREATION

See 1092; 1097; 1110.

REHABILITATION

1144. Felton, Jean S. (School of Med., Univ. of Calif., Los Angeles, Calif.)

Production of medical personnel through vocational rehabilitation.

J. Am. Med. Assn. Aug. 16, 1958. 167:16:1905-1909. Reprint.

In the 20 year period 1937-1957, the Oklahoma State Division of Vocational Rehabilitation cared for 18,706 clients. Of these rehabilitees, 109 were trained for the medical and paramedical professions. This report of their rehabilitation is a demonstration that state DVR programs help to create a body of professional workers in distinction to the commonly held belief that they train their clients only for custodial, craft, or protective employment. Of the 109 rehabilitees, 42 (22.1%) were post tuberculous, 25 (13.2%) post polio, and 20 (10.5%) had bone and joint disabilities. Of the positions taken, 35 became laboratory technicians, 26 each became professional and practical nurses, 18 dental technologists and 17 physicians. Of the former tuberculosis patients 26 (62%) became x-ray or laboratory technicians and 5 of the 15 amputees became prosthetists. The cost of rehabilitating, the 109 ranged from no cost to \$5,282 per person, with the average being \$533. Aside from other material and intangible benefits obtained through rehabilitation by the state-federal program, it was determined that the anticipated federal and state return in taxes from the 109 would amount to a lifetime total of over three and three-quarter million dollars, or an average of \$30,410 for an investment of \$533 per rehabilitee.

1145. Health News, N. Y. State Dept. of Health. July, 1958. 35:7.

Contents: Geriatric rehabilitation (an editorial), Herman S. Hilleboe, p. 3. -Medical rehabilitation, Seymour S. Bluestone, p. 4-5, 14-16. -The vocational rehabilitation process and the handicapped arthritis patient, Robert H. Manheimer, p. 17-18.

The entire issue is devoted to articles on medical rehabilitation, its philosophies, objectives, and methods; goals in the rehabilitation of older patients; and the development of a community vocational rehabilitation program through coordination of local resources with existing governmental services. A series of photographs illustrating the stages in successful rehabilitation of an adult hemiplegic male with expressive aphasia and the methods employed in a comprehensive rehabilitation program is an added feature of the issue. Health News is published by the New York State Dept. of Health, Albany, N.Y.

REHABILITATION (continued)

1146. Vocational aspects of rehabilitation: Part A, Vocational assessment, work testing, industrial rehabilitation and vocational guidance... by H. C. Beezer; Part B, Vocational training, by L. G. Garland; Part C, Employment of the disabled, by H. C. Beezer. Indian J. Occupational Ther. May, 1958. 4:2:26-39.

Excerpts of papers read at the Solo Rehabilitation Centre, Indonesia, at the Seminar on Rehabilitation, August 1957.

This is a continuation of the reporting of papers read that was begun in the Feb. 1958 issue (see Rehab. Lit., Sept., 1958, #1034).

REHABILITATION--ASIA

1147. Rehabilitation in Indonesia-Solo Centre. Indian J. Occupational Ther. May, 1958. 4:2:5-10.

In same issue: Rehabilitation in Hong Kong, by A. H. R. Coombes, p. 11-16. -Rehabilitation in Japan. p. 17-24. -Rehabilitation in Taiwan, China, p. 25.

The Editor of the Journal summarizes here from other sources the status of rehabilitation in some countries whose representatives attended the Seminar on Rehabilitation for Asia and the Far East held at Solo, Indonesia in 1957 (see Rehab. Lit., Sept., 1958, #1034). The Solo Rehabilitation Centre, founded in 1951, has received world-wide attention; recent developments include the formation of a sheltered workshop and the appointment of a placement officer for its re-employment program. In Hong Kong, there is no government scheme at present, although some activities are undertaken by various government offices and voluntary agencies. In September, 1957 a committee on rehabilitation of the physically handicapped was set up by the Hong Kong Council of Social Service. In Japan the Ministries of Health, Welfare, Labour and Education sponsor a broad rehabilitation program. There is one National Rehabilitation Centre, with a staff of about 100, and 38 small prefectoral (district) centres, staffed by a doctor, psychologist, and social caseworker. There are 40 crippled children's hospitals. In Taiwan the new 600 bed hospital under construction for retired servicemen will have occupational and physical therapy departments.

REHABILITATION--CANADA

1148. Crandemire, G. Wilfrid (Provincial Co-ordinator of Rehabilitation, Dept. of Health and Social Services, Fredericton, N. B., Canada) Rehabilitation in New Brunswick. Canadian J. Pub. Health. Feb., 1958. 49:2:73-76. Reprint.

In 1952 a national co-ordinator of rehabilitation was appointed by the Canadian government; since that time 9 provinces have appointed provincial co-ordinators. The author briefly reviews the vocational rehabilitation program in New Brunswick and the problems he faces. In 1954 a vocational training program was begun; in 1957 medical rehabilitation services were started; and in the Fall of 1958 a rehabilitation center is to open in Fredericton.

REHABILITATION--ISRAEL

1149. Segalman, Ralph (Jewish Federation, Suite 18, 108 Bank St., Waterbury, Conn.)

Crippled children in Israel; needs, services, and resources, an independent survey. Waterbury, Conn., The Author, 1958. 15 p. Mimeo.

The author visited Israel during the summer of 1956 as a member of the Executive Director's Mission of the United Jewish Appeal and became interested in the problem of crippled children in Israel. Because of lack of information on the subject available to health and social work authorities, he returned in 1958 on his own initiative to conduct an independent survey and evaluation of agencies and programs currently operating in Israel. This report describes the extent of the problem, factors in the family situation which affect the care of crippled children in Israel, agencies operating in behalf of crippled children, programs on national and regional levels, and the work of private facilities. The author proposes a plan for a central service and teaching center, out-patient centers, aid to regional programs, and professional in-service training, recommending ways of implementing such a masterplan. The appendix discusses briefly facilities for the mentally deficient child in Israel.

REHABILITATION--PERSONNEL

1150. Caughey, John L., Jr. (Assoc. Dean, Western Reserve Univ. School of Med., Cleveland 6, Ohio)

Auxiliary personnel in medical practice. Am. J. Public Health. Aug., 1958 48:8:1049-1053.

As medical care becomes more complex, the relation of the newer technical personnel to the medical practitioner must be clarified. Dr. Caughey discusses the work and responsibilities of the laboratory technician, medical social worker, and physical therapist in illustration. In the case of physical therapy, he, as a medical educator, sees no hope in giving medical students the kind of knowledge about the musculoskeletal system that experienced therapists have. If the physician or medical specialist is not well versed in all modalities of physical therapy, the therapist must advise the physician on the best modalities applicable to the particular patient and keep him informed on the patient's response to treatment. The role of the physical therapist is in a confused state because doctors do not agree as to how therapists should function in medical practice. Effective use of auxiliary personnel cannot be realized until it has been decided whether individuals in a particular category are to function as technical assistants or as professional associates. Appropriate educational programs and measures of competence for physical therapists will help resolve this problem. Our first task is to seek truly functional definitions of the roles of health service personnel.

REHABILITATION--RESEARCH

See 1113.

REHABILITATION--STUDY UNITS AND COURSES

1151. Gingras, G. (Rehabilitation Institute of Montreal, 6265 Hudson Rd., Montreal, Can.)

The training of rehabilitation personnel. Canadian Med. Assn. J. Mar. 15, 1958. 78:423-426. Reprint.

REHABILITATION--STUDY UNITS AND COURSES (continued)

The training of rehabilitation personnel seems largely a question of organization and coordination. The program at the University of Montreal is described in some detail. It is felt that all rehabilitation personnel in training should receive their educational experience in the milieu and atmosphere of a faculty of medicine. In 1956 the School of Physical and Occupational Therapy, founded in 1954, was renamed the School of Rehabilitation. Within the past year it was decided to open a Speech Therapy and Audiology Section, there being until recent months only one fully qualified speech therapist and audiologist per million capita in Canada. It was found that a total of 255 hours in 10 subject categories is common to the training fields of physical, occupational and speech therapy and audiology. These are tabulated as well as the first and second year subjects to be offered in speech therapy and audiology. Dr. Westlake has served as consultant in the organization of the curriculum. Charts are given to show the organization of Sections of the School of Rehabilitation under the Faculty of Medicine.

See also 1128.

REHABILITATION CENTERS--ADMINISTRATION

1152. Rehabilitation Center at Philadelphia

Standards and criteria for the evaluation of a rehabilitation center; prepared for Department of Welfare, Commonwealth of Pennsylvania by the... Philadelphia, The Center, 1957. 22 p.

The current publication is the sixth revision of a study originally undertaken by the staff of The Rehabilitation Center at Philadelphia for the purpose of self-evaluation. Later revisions were prepared at the request of the Director of the State Dept. of Welfare's Bureau of Hospitals. Each revision takes into consideration the development of new departments and personnel necessary for the modern rehabilitation center. Functions and purposes of the center are defined; minimum requirements for staff outlined; departments to be included in the center are mentioned with the type of equipment each requires; and minimum standards for programs given. Minimum building standards and departmental space are discussed; this is one of the few publications devoting any attention to actual square feet of space needed.

Available from The Rehabilitation Center at Philadelphia, 8801 Stenton Ave., Philadelphia 18, Pa.

REHABILITATION CENTERS--DESIGNS AND PLANS

1153. Cronin, John W.

Planeo de los medios de rehabilitacion en incapacidades de tipos diversos, (by) John W. Cronin (and) Thomas P. Galbraith. New York, Internatl. Soc. for the Welfare of Cripples (1958). 20 p. illus., floor plans.

Spanish translation of: Planning multiple disability rehabilitation facilities, John W. Cronin and Thomas P. Galbraith. Hospitals. Mar. 16, 1956. 30: 6:47-54. 60.

Another of the foreign translations of pertinent rehabilitation literature which the International Society for the Welfare of Cripples distributes. Funds making translations possible have been donated by the Gustave and Louise

REHABILITATION CENTERS--DESIGNS AND PLANS (continued)

Pfeiffer Foundation. The current publication is a reprint of a study outlining planning criteria for the design of rehabilitation facilities in hospitals; information can also be adapted to facilities not located in the hospital. This particular part of the broad study deals with the requirements of nursing units.

Available from Internat'l. Society for the Welfare of Cripples, 701 First Ave., New York 17, N.Y.

RELIGION

1154. Graybill, Kent

God had quite a struggle getting me on his side. Crippled Child. Aug., 1958. 36:2:14-15, 23-24.

A chapter from the author's book "It's good enough for me."

The author, severely handicapped since birth, was the recipient in 1958 of the "Who's Crippled?" award given by the Washington Society for Crippled Children and Adults. Now a business man in Spokane and happily married, he describes, in this chapter from his book, how he worked through his doubts and found an abiding faith which has affected his life and beliefs.

SCHOOL BUILDINGS

1155. National Association for Retarded Children

Some thoughts on planning day schools for retarded children. New York, The Assn., 1958. 21 p. illus., floor plans. Mimeo.

Advice for community organizations planning to provide school buildings for mentally retarded children, recommending that a competent architect be employed and be informed on a number of adaptations required by special education techniques. All problems indicated in the outline will not arise in every case but it provides a checklist to insure that details of construction and financing are agreed on in the planning stage. Examples of buildings planned to serve retarded children of various degrees of educability, in several types of settings and programs, are briefly described and illustrated.

Available from Natl. Assn. for Retarded Children, 99 University Place, New York 3, N.Y., at 25¢ a copy.

SCOLIOSIS

See 1142.

SHELTERED WORKSHOPS

1156. National Association for Retarded Children

Fundamentals in organizing a sheltered workshop for the mentally retarded; (guidelines and bibliography), prepared by William A. Fraenkel. New York, The Assn., 1958. 9 p. Mimeo.

Prepared as a preliminary guide for persons or groups interested in organizing a sheltered workshop for the mentally retarded, it offers basic principles which have evolved from experience with such shops throughout the country. Steps to be taken, from the planning of the survey of need and the determination of type of facility through the administrative work of setting up the shop and staffing, are mentioned briefly. Financing and legal requirements are considered. A 4-page bibliography of references which will supply information in detail on the organization and operation of sheltered workshops is included, with a list of the location of regional offices of the Office of Vocational Rehabilitation.

Available from Natl. Assn. for Retarded Children, 99 University Place, New York 3, N.Y., at 20¢ a copy.

SHELTERED WORKSHOPS (continued)

See also 1160; 1161.

SOCIAL SERVICE (MEDICAL)

See 1105.

SPEECH CORRECTION

1157. Mase, Darrel J. (Co-ordinator, Florida Center of Clinical Services, Univ. of Florida, Gainesville, Fla.)
Speech habilitation and rehabilitation. Postgrad. Med. Dec. 1957. 22: 6:614-621. Reprint.

As the medical school becomes more a part of the university, it is hoped that medical students, especially residents, will have an opportunity to work with personnel in speech and hearing. The multiple needs of many persons with speech defects demand a close working relationship between all professional personnel. Rehabilitation is a group effort rather than a program for a single discipline. Dr. Mase describes the field of speech correction and points out what the speech therapist does and the procedures he follows. Various speech defects and the psychological and social problems involved are briefly explained.

Available as a reprint from the National Society for Crippled Children and Adults, 2023 W. Ogden Ave., Chicago 12, Ill., at 15¢ a copy.

1158. Mecham, Merlin J. (Brigham Young University, Provo, Utah)

A scale for measuring level of verbal communication behavior in children; a manual of item definitions and score sheet. Provo, Utah, The Author, 1958. (11) p. tab. Mimeo.

This scale is an extension of the communication portion of the Vineland Social Maturity Scale with the addition of approximately 34 items from various standard sources; tentative data reveal the scale is reliable and valid as a diagnostic instrument for measuring the level of verbal language comprehension and expression. Procedures for administering and scoring items are included and items are defined. A table for use in converting total scores of the language scale to equivalent language ages is given.

SPEECH CORRECTION--STUDY UNITS AND COURSES

See 1151.

UROLOGY

1159. Comarr, A. Estin (Rancho Los Amigos Hosp., Hondo, Calif.)

Conservative urological management of the traumatic cord bladder. J. Indian Med. Profession. June, 1958. 5:3:2216-2217. Reprint.

A report on two studies giving the results of conservative treatment without use of tidal drainage and a follow-up study of patients who were discharged catheter-free from the Center since March, 1946. The first study indicates that the time element is perhaps the greatest single factor in attaining a catheter-free state. Some 76% of patients whose bladders functioned spontaneously did so within one year following injury. Conservative management can be supervised by any physician. The second study indicates that of 607 patients discharged since March, 1946, only 104 (17%) required reinsertion of a catheter.

VETERANS (DISABLED)

See 1083; 1090; 1166.

VOCATIONAL GUIDANCE

1160. **Maschmeyer, Joseph E.** (Dept. of Phys. Med. and Rehab., Coll. of Medical Evangelists, Loma Linda, Calif.)

Pre-vocational and vocational training for the cerebral palsied, by Joseph E. Maschmeyer (and others). Arch. Phys. Med. and Rehab. Aug., 1958. 39:8:488-493.

A study was made of 250 clients served by the Industrial Training Workshop operated by United Cerebral Palsy Association of Los Angeles County for the period 1954-1957. An analysis of clients is given as to sex, type and severity of motor involvement, and intelligence. For the group as a whole, 25% were severely handicapped, 50% moderately and 25% mildly involved physically. The mean mental ability was about 82 as compared with 100 for the normal; manual dexterity tests showed that the cerebral palsied fell far below normal. In spite of these findings, significant improvement was noted in the daily living skills of those trained at the center. Full time employment rose from 15% to 60%. This study was supported in part by a research grant from the U.S. Office of Vocational Rehabilitation.

1161. **Nitzberg, Jerome**

Some different emphases in the role of the social worker in a workshop for mentally retarded adolescents and young adults. Am. J. Mental Deficiency, July, 1958. 63:1:87-95.

A discussion of the social worker's role in a workshop for the mentally retarded and how it differs from work done in other social work settings. The difficulty lies not in the teaching of vocational skills or proper work habits but in helping the mentally retarded adolescent or young adult achieve a vocational maturity which he has never possessed.

VOCATIONAL GUIDANCE--PERSONNEL

1162. **Vocational Guidance and Rehabilitation Services, Cleveland** (2239 E. 55th St., Cleveland 3, Ohio)

Report of proceedings, Second Rehabilitation Counselor Trainer Workshop, Cleveland... February 13-15, 1958...ed. by Richard T. Sidwell and Louis J. Cantoni; sponsored by...through a grant from the Office of Vocational Rehabilitation... Cleveland, The Services, 1958. 94 p. Mimeo.

Unlike the First Workshop which covered a wide variety of subjects related to the training of rehabilitation counselors, research, practices in the field, employment opportunities and other problems of students of vocational rehabilitation counseling, the Second Workshop examined intensively field work instruction as a part of overall training in this area of counseling. The proceedings contain the keynote address by James F. Garrett in which he highlights some of the research being conducted under grants from the Office of Vocational Rehabilitation; the report of the Committee on Training, States Council; and reports of panel discussions on agency readiness for supervised field work, basic preparation of students for field work, problems in the selection and placement of students, supervision in the field work setting, factors in preparation and use of rehabilitation counselors, and considerations for planning future workshops.

VOLUNTEER WORKERS

1163. Berke, Mark

Why do volunteers volunteer? Hospitals. Aug. 16, 1958. 32:16:32-36.

Trends in medical care and hospital management will inevitably change volunteer programs in hospitals. These trends include increased emphasis on the care of long-term patients, the growth of home care, and the probable greater availability of men for volunteer work. The author suggests what some of the motivations may be for women liking volunteer work in hospitals. He reports that Mt. Zion Hospital, San Francisco, is undertaking a study to determine more specifically the effect of recent trends and the reasons why volunteers prefer working in the hospital setting.

WALKING

1164. Peszczynski, Mieczyslaw (Dept. of Phys. Med. and Rehab., Highland View Hospital, Harvard Rd., Cleveland 22, Ohio)

The intermittent double step gait. Arch. Phys. Med. and Rehab. Aug., 1958. 39:8:494-496.

Two patterns of the intermittent double step gait are used by many moderately involved patients whose impairment of one lower extremity will cause a degree of loss of balance with every other step. It is the experience of the author that many severely involved hemiplegic patients will not learn to walk without aids if they are not taught to imitate the intermittent double step gait of the less handicapped hemiplegic or hip-fractured patient.

New Books Reviewed

BACKACHE

1165. Armstrong, J. R.

Lumbar disc lesions; pathogenesis and treatment of low back pain and sciatica. 2d ed. Baltimore, Williams and Wilkins Co., 1958. 244 p. illus., tabs.

A British orthopedic surgeon offers a comprehensive coverage of the nature, diagnosis, and treatment, both conservative and surgical, of lumbar disc lesions. Based on clinical observations, a thorough survey of the literature, and experience of more than a thousand well-documented operations, the book provides a guide in the management of a controversial problem. Anatomy and function of the lumbar intervertebral discs are described; pathology of disc lesions, characteristics of the clinical syndrome, techniques of the medical examination and differential diagnosis are covered before the author describes the principles and methods of conservative treatment. The exact place of surgery in the treatment of lumbar disc lesions, indications for and principles of operation, and general post-hospital management of the patient are given thorough consideration. Plates, both in color and black and white, as well as numerous diagrams, add to the comprehensive nature of the discussion.

Available in the U.S. from Williams & Wilkins Co., Mt. Royal and Guilford Aves., Baltimore 2, Md., at \$12.00 a copy. Published in Great Britain by E. & S. Livingstone, Ltd.

BLIND--SURVEYS

1166. U. S. Veterans Administration

War blinded veterans in a postwar setting; a social work followup of rehabilitation measures for blinded veterans with service-connected disabilities between December 7, 1941 and March 31, 1953... Washington, D.C., Gov't. Print. Off., 1958. 260 p. tabs.

A report in part of a broad study of the results of rehabilitation and resocialization programs for blind war veterans; data from systematic studies by physicians, social workers, vocational training personnel, and other members of the rehabilitation team are presented and analyzed. The detailed nature of the study throws much light on diverse factors which influence adjustment to blindness and the value of rehabilitation programs for this group of the handicapped. In addition to the main body of data, the report outlines rehabilitation programs for the blind in hospitals cooperating with the Veterans Administration and the methods employed in the survey.

Available from U.S. Superintendent of Documents, Government Printing Office, Washington 25, D.C., at \$1.50 a copy.

EMPLOYMENT (INDUSTRIAL)

1167. Adelphi College

Some social factors in job placement and community life of the handicapped as seen in several settings and services in relation to Long Island Industry... third interim report, June 15, 1958. Garden City, L.I., N.Y., The College, 1958. various paging. forms, tabs.

In this report of the interdisciplinary team at Adelphi College conducting research under a grant from the Office of Vocational Rehabilitation, cases of a selected number of handicapped persons, both employed and unemployed, were examined to determine factors responsible for success or failure in obtaining employment. Family background, education, training, work experience and such personal characteristics as aspirations, drives, attitudes, and values expressed were investigated. Data on industry's policies, practices, and attitudes were integrated with findings on personal factors influencing employment. An overall summary of the first two years of the study is included, with a description of methods of the current year's study. Sample profiles of handicapped persons in the study and of interviews with employers are given; a sociological and psychological analysis of one interviewee was selected to illustrate methods employed. A final report in this research project will be published shortly, covering progress made by the handicapped in applying for work, their job performance and adjustment to the work situation.

Issued by Dr. E. Louise Ware, Director of Research, Vocational Rehabilitation Project, Adelphi College, Garden City, L.I., New York.

HAND

1168. Barsky, Arthur Joseph

Congenital anomalies of the hand and their surgical treatment. Springfield, Ill., Charles C Thomas, Publ., c1958. 165 p. illus. (Am. Lecture ser., publ. no. 311)

HAND (continued)

An authoritative monograph based on the author's series of 165 cases most of which were seen during the past ten years. Literature in the field is also reviewed for the past 35 years, with reference to more than 200 articles. Historical data, incidence, etiology, and embryology are discussed; specific anomalies are then considered separately, beginning with those most commonly encountered. Frequency of occurrence, etiologic, hereditary, and genetic aspects are covered, with appropriate analysis of the author's statistics from the series of cases. Treatment of each condition is presented in logical step-by-step descriptions. In addition to 188 illustrations, a glossary and extensive bibliography increase the usefulness of the book. Portions of the monograph, with illustrations, have appeared in the Journal of Bone and Joint Surgery.

Available from Charles C Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, Ill., at \$5.75 a copy.

NURSERY SCHOOLS

1169. Leavitt, Jerome E., ed.

Nursery-kindergarten education. New York, McGraw-Hill Book Co., 1958. 365 p. illus.

Nationally known educators, each writing in the field of his specialization, have contributed from their experience to this comprehensive book on pre-school education. Parents, college students preparing to teach, and teachers already in service will gain from it much insight into the benefits of nursery school and kindergarten programs. Basic philosophy, creative methods and new techniques, practical information on child growth and development, and the necessity of adaptations for both slow and gifted children are discussed fully. All areas of the curriculum are covered in separate chapters dealing with science and social science, recreation, health and safety, literature, music, and art. Study questions for each chapter and an extensive classified bibliography of additional references add to the usefulness of the book.

Available from McGraw-Hill Book Co., 330 W. 42nd St., New York 36, N. Y., at \$8.00 a copy.

PHYSICAL THERAPY

1170. Hollis, Margaret

Suspension therapy in rehabilitation, by Margaret Hollis and Margaret H. S. Roper. Baltimore, Williams and Wilkins Co., 1958. 220 p. illus.

An up-to-date, practical textbook on techniques developed in England from the pioneer efforts of Mrs. Olive Guthrie-Smith with reciprocal pulley treatments and suspension therapy. An historical account of the development of the original simple method into techniques which have been expanded to cover treatment of a wide variety of disabling conditions, and applied worldwide, is given in addition to descriptions of the mechanical principles, techniques, and methods of such therapy and its clinical application to specific conditions. The second half of the book is devoted to application of this type of therapy in orthopedic conditions, rheumatic diseases, in paraplegia, in the rehabilitation program for amputees, in treatment of geriatric

PHYSICAL THERAPY (continued)

patients, and in selected nervous disorders. Use of this type of self-activity has proved its worth in the rehabilitation program. The book offers insight into potentialities and limitations of such treatment.

Available in the United States from Williams & Wilkins Co., Mt. Royal and Guilford Aves., Baltimore 2, Md., at \$6.00 a copy.

1171. Scott, Pauline M.

Clayton's electrotherapy and actinotherapy; 3d ed. London, Brailliere, Tindall and Cox, c1958. 427 p. illus.

The first two editions of Dr. Clayton's textbook for physiotherapy students in Great Britain have long been considered authoritative. When a new edition became necessary due to rapid developments in electronic engineering and radical changes in electrotherapeutic apparatus, Miss Scott was the logical choice since she had been closely associated with Dr. Clayton in the training of students and in the preparation of the second edition. Principal changes in this edition consist of amplification of some of the sections on physics, omission of discussion of apparatus no longer in common use, and the addition of the principles of production of value generated muscle stimulating currents. Also discussed are fluorescent tubes for ultra-violet irradiation and radio interference from short-wave diathermy. The entire section on treatment has been omitted since the author feels it is out of place to consider treatment by electrical means apart from other forms of physical therapy. However, chapters on the effects and uses of currents and radiations have been enlarged and partially rewritten. The discussion of long-wave diathermy has been reduced to a minimum since this method is falling into disuse.

Available in the U.S. from Williams and Wilkins Co., Mt. Royal and Guilford Aves., Baltimore 2, Md., at \$6.50 a copy.



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